

Mail To:
Department of Charitable Gaming
101 North 14th Street, 17th Floor
Richmond, VA 23219



Form 102
QUARTERLY FINANCIAL REPORT
 Must be filed by any organization realizing any
 charitable gaming receipts in the quarter.
THREE PAGES - COMPLETE ALL

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CHARITABLE GAMING

Quarter	1st	2nd	3rd	4th
Period for	1/1 thru 3/31	4/1 thru 6/30	7/1 thru 9/30	10/1 thru 12/31
Due Date	June 1st	Sept. 1st	Dec. 1st	March 1st

Place an "X" in Report Quarter

REPORT YEAR

ORGANIZATION INFORMATION

If this organization is either a Volunteer Fire Department or Rescue Squad enter **X** in the adjacent box

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Organization Name _____ DCG No. _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ E-Mail _____

Contact Person _____ Daytime Phone _____

PART 1 - RECEIPTS

1. Bingo Paper Sales Before Discounts	
2. Electronic Bingo Device Sales Before Discounts	
3. Bingo Session Instant Bingo, Seal Cards, Pull Tab Sales	
4. Bingo Session Treasure Chests and Raffle Sales	
5. Bingo Session Miscellaneous Sales (<i>Daubers, Tape, etc.</i>)	
6. GROSS RECEIPTS FOR ALL BINGO SESSIONS (Line 1 thru Line 5)	\$ -
7. Discounts Given	
8. ADJUSTED RECEIPTS FOR BINGO SESSIONS (Line 6 minus Line 7)	\$ -
9. Raffle and other Outside Gaming Sales	
10. TOTAL RECEIPTS FOR QUARTER (Line 8 plus Line 9)	\$ -

FEE CALCULATION WORKSHEET

11 a. Audit & Administration Fee (Line 10 X 1.125%)	\$ -	
b. Late Filing Penalty (\$25 per day after due date)		
d. FEE DUE WITH REPORT	Make check payable: Treasurer of Virginia (line 11a+11b)	\$ -

QUARTER No Qtr Chosen"DCG# 0ORG NAME 0

PART 2- PRIZES		
12. a. Bingo Games		
b. Bingo Session Instant Bingo, Seal Cards, Pull Tabs		
c. Bingo Session Treasure Chests and Raffles		
d. Door Prizes		
e. Raffles and other Outside Gaming		
f. TOTAL PRIZES AWARDED	(Line 12a thru 12e)	\$ -

PART 3 - EXPENSES		
13. Cash Payments from Funds at Bingo Sessions		
14. Cash Shortage or Overage (If this is overage, enter as a negative figure so it will subtract)		
15. Payments to Registered Suppliers (Paper, instants, seal cards, daubers, ..)		
16. Rent Paid for Electronic Bingo Devices		
17. Raffle Supplies		
18. Bingo Hall Lease Payments		
19. Payments to Department of Charitable Gaming		
20. All other Gaming Expenses		
21. a. Use of Proceeds Facility Disbursements		
b. Use of Proceeds Charitable Donations		
c. Use of Proceeds Transfers to Restricted Account		
d. TOTAL USE of PROCEEDS	(Line 21a thru 21c)	\$ -
22. Business Expenses		
23. TOTAL DISBURSEMENTS (Prizes & Expenses)		(Line 12f thru 22) \$ -

QUARTER No Qtr Chosen"

DCG#

0

ORG NAME

0**PART 4 - CASH RECONCILIATION**

24. Beginning Reconciled Bank Balance (Ending reconciled balance from previous report)		
25. Beginning Cash on Hand (Ending cash on hand from previous report)		
26. Returned Checks Collected (Redeposit of bad checks)		
27. Earned Interest Income		
28. Deposits from Non-Gaming Sources		
29. Total Receipts for Quarter (Part One - Line 10)		\$ -
30. TOTAL FUNDS AVAILABLE (Lines 24 thru 29)		\$ -
31. a. Bank Statement Balance -End of Quarter		
b. Deposits in Transit		
c. Outstanding Checks		
d. ENDING RECONCILED BANK BALANCE (Line 31a+31b-31c)		\$ -
32. Ending Cash on Hand		
33. Returned Checks (bad checks from players)		
34. Total Disbursements for Quarter (Part 3 - Line 23)		\$ -
35. TOTAL FUNDS ACCOUNTED FOR (Lines 31d thru 34)		\$ -

Line 30 must equal Line 35 for this report to be in balance

REPORT IS OUT OF BALANCE BY

\$ -

PART 5- REQUIRED INFORMATION

If your organization conducts bingo sessions, please complete this section.

36.	Winner-Take-All Receipts	
37.	Bingo Attendance (Customer Count)	

ACKNOWLEDGEMENT

I, the undersigned, do hereby swear or affirm that the figures and statements on these pages and on the attachments are true, full, and correct to the best of my knowledge and belief.

Signature of President or Designee

Date:

Print Name:

Title:

A report is not considered complete and submitted unless it has been signed and the audit and administration fee has been paid.